


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
08 DEC -4 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F04000000055</b> 1. Entity Name DATAVANTAGE CORPORATION	
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Principal Place of Business 30500 BRUCE INDUSTRIAL PARKWAY SOLON, OH 44139	Mailing Address 30500 BRUCE INDUSTRIAL PARKWAY SOLON, OH 44139
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country  Country
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11242008 REIN-P CR2E098 (1/07)

<b>6. Name and Address of Current Registered Agent</b>  NRAI SERVICES INC 2731 EXECUTIVE PARK DRIVE, STE 4 WESTON, FL 33331	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO NAPOLI, CHARLES <input type="checkbox"/> Delete 30500 BRICE INDUSTRIAL PARKWAY SOLON, OH 44139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-size: 1.2em;">                         500138436039                          12/04/08--01016--007                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF WITHERINGTON, JAMES P <input type="checkbox"/> Delete 30500 BRICE INDUSTRIAL PARKWAY SOLON, OH 44139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV GULARSON, JOHN <input type="checkbox"/> Delete 7031 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Witherington 11/24/08 940-404-1124  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/4/08